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**FAX FILING IN U.S. PATENT & TRADEMARK OFFICE**DATE: May 25, 2006

TIME: \_\_\_\_\_

TO:	Commissioner for Patents	FAX NO.:	571-273-8300
FROM:	Christopher A. Rothe	ADMIN. ASST.:	Kathleen Spina
APPLN. NO.:	10/823,369	ATTY. DOCKET NO.:	BBM-142US1 (formerly 2184.00091)
TITLE OF APPLN.: SCREW AND ROD FIXATION ASSEMBLY AND DEVICE			
FILING DATE:	April 13, 2004	ART UNIT:	3732
FIRST INVENTOR:	Marc Richelsoph	CONF. NO.:	4869
TITLE OF DOCUMENT (and List of Attachments): Supplemental Amendment.			
Transmittal Sheet (1 pg.); Fee Transmittal (in duplicate 2 pgs.); PTO-2038 (1 pg.); Copies of PTO/SB/81 and PTO/SB/96 (submitted in parent application 5/12/06, 3 pgs.) Supplemental Amendment (7 pgs.)			

Total Number of Pages: 15 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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PTO/SB/21 (09-04) (AW 10/2004)

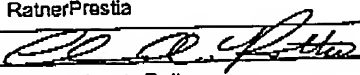
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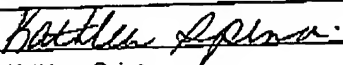
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/823,369	
	Filing Date	April 13, 2004	
	First Named Inventor	Marc Richelsoph	
	Art Unit	3732	
	Examiner Name	Stokes, Candice Capri	
Total Number of Pages in This Submission	15	Attorney Docket No.	BBM-142US1 (formerly 2184.00091)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (and 1 copy) <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Supplemental Amendment; PTO-2038; PTO-Fax Cover Sheet; Copy of PTO/SB/96 and PTO/SB81 (each were submitted for parent application 5/12/06)
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm Name	RatnerPrestia		
Signature			
Printed Name	Christopher A. Rothe		
Date	May 25, 2006	Registration No.	54,650

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO 571-273-6300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450 on the date shown below.			
Signature		Date	May 25, 2006
Typed or Printed Name	Kathleen Spina		

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PTO/SB/17 (12-04v2) (AW 1/2005)

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Effective on 12/08/04.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 300.00

**Complete if Known**

Application Number	10/823,369
Filing Date	April 13, 2004
First Named Inventor	Marc Richelsoph
Examiner Name	3732
Art Unit	Stokes, Candice Capri
Attorney Docket No.	BBM-142US1 (formerly 2184.00091)

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card (PTO-2038 attached) ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 18-0350 Deposit Account Name: RatnerPrestia

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)  
 Each independent claim over 3 (including Reissues)  
 Multiple dependent claims

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
34	- 20 or HP = 6	x 50 =	300.00			
HP = highest number of total claims paid for, if greater than 20						
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
7	- 3 or HP = 0	x 200 =	0			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
—	- 100 =	/ 50 =	(round up to a whole number) x	=
				<b>Fees Paid (\$)</b>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge):

**Complete (if applicable)**

<b>SUBMITTED BY</b>	<b>Registration No. Attorney/Agent</b>	<b>Telephone</b>	<b>610-407-0700</b>
Signature 	54,650	Date	May 25, 2006
<b>Name (Print/Type)</b>	Christopher A. Rothe		

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PTO/SB/17 (12-04v2) (AW 1/2005)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/04. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/823,369
		Filing Date	April 13, 2004
		First Named Inventor	Marc Richelsoph
		Examiner Name	3732
		Art Unit	Stokes, Candice Capri
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 300.00		Attorney Docket No.	BBM-142US1 (formerly 2184.00091)

**METHOD OF PAYMENT** (check all that apply)

☐ Check  
 ☒ Credit Card (PTO-2038 attached)  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account  
 Deposit Account Number: 18-0350  
 Deposit Account Name: RatnerPrestia

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

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	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

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Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
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_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____ =	_____

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<b>SUBMITTED BY</b>		<b>Registration No. Attorney/Agent</b>		<b>Telephone</b>	<b>610-407-0700</b>
Signature 		54,650		Date	May 25, 2006
Name (Print/Type) Christopher A. Rothe					

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